

VoiceMail4All

Registration Form

The information you give here is strictly for our own records and statistical purposes. Your personal details will only be accessible by Partner Project staff for the purposes of registering and renewing VoiceMail4All numbers.

*Partner Project

Client Details (* indicates a compulsory field)

*Title Mr Mrs Ms Miss Dr

*First Name

*Last Name

Middle Name

Email

I am happy to receive email or voicemail messages about new initiatives or upcoming events for homeless people

*Date of Birth Day Month Year

*Gender Male Female

Ethnicity / Race	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other Ethnicity: Specify _____	<input type="checkbox"/> Prefer Not to Say	
<input type="checkbox"/> White: British	<input type="checkbox"/> White: Irish	<input type="checkbox"/> White: English	<input type="checkbox"/> White: Scottish	<input type="checkbox"/> White: Welsh
<input type="checkbox"/> White: Northern Irish	<input type="checkbox"/> White: Gypsy/Irish Traveller	<input type="checkbox"/> White: European	<input type="checkbox"/> White: Other	
<input type="checkbox"/> Black or Black British: African	<input type="checkbox"/> Black or Black British: Caribbean			
<input type="checkbox"/> Black or Black British: Other	<input type="checkbox"/> Arab			
<input type="checkbox"/> Asian or Asian British: Indian	<input type="checkbox"/> Asian or Asian British: Pakistani			
<input type="checkbox"/> Asian or Asian British: Chinese	<input type="checkbox"/> Asian or Asian British: Bangladeshi			
<input type="checkbox"/> Asian or Asian British: Other	<input type="checkbox"/> Mixed: Other Mixed Background			
<input type="checkbox"/> Mixed White & Black African	<input type="checkbox"/> Mixed White & Black Caribbean	<input type="checkbox"/> Mixed White & Asian		

Country of Origin

Preferred Language

*Your Local Authority Connection

(If you currently have no fixed address, please state the local authority from which you receive benefits or to which you have the strongest connection)

*Preferred Area Code 0203 01634 01273 01924 0113

Do you consider yourself as having a disability? If so, in which area? <i>(Please tick as many as apply)</i>
<input type="checkbox"/> Sight <input type="checkbox"/> Hearing <input type="checkbox"/> Speech <input type="checkbox"/> Mobility <input type="checkbox"/> Mental Health
<input type="checkbox"/> Learning Disability <input type="checkbox"/> Manual Dexterity <input type="checkbox"/> N/A

*How did you hear about VoiceMail4All? <i>(Please tick as many as apply)</i>
<input type="checkbox"/> Partner Project <input type="checkbox"/> Other Keyworker <input type="checkbox"/> VoiceMail4All Volunteer
<input type="checkbox"/> Website <input type="checkbox"/> Promotional Material <input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Other (specify)

My Partner Project MAY contact me on my voicemail number AND record it on CHAIN
MORE QUESTIONS.....

Client Objectives

These questions will help you to think about how you can get the most from your voicemail number. Please take the time to think carefully about each question before you answer. All questions are compulsory.

What type of accommodation are you currently living in or use most frequently?

(Please tick only one)

- | | | |
|---|---|---|
| <input type="checkbox"/> Sleeping Rough | <input type="checkbox"/> Sleeping in Vehicle | <input type="checkbox"/> Squatting |
| <input type="checkbox"/> Night Shelter | <input type="checkbox"/> Assessment Hostel | <input type="checkbox"/> Cold-weather Shelter |
| <input type="checkbox"/> Short-term hostel (< 6 months) | <input type="checkbox"/> Friends/Sofa surfing | <input type="checkbox"/> Parents |
| <input type="checkbox"/> Long-term hostel (> 6 months) | <input type="checkbox"/> Drug Rehabilitation Centre | <input type="checkbox"/> Prison |
| <input type="checkbox"/> Semi-independent Housing | <input type="checkbox"/> Council B&B | |
| <input type="checkbox"/> Council/HA flat | <input type="checkbox"/> Private Rented | <input type="checkbox"/> Sheltered Housing |
| <input type="checkbox"/> Other (Specify) _____ | | <input type="checkbox"/> Registered Care |

What is your MAIN objective in using a free voicemail box.

(Please tick only one)

- | | |
|--|--|
| <input type="checkbox"/> Finding somewhere to live | <input type="checkbox"/> Getting a job |
| <input type="checkbox"/> Setting up a business | <input type="checkbox"/> Hearing from other support workers |
| <input type="checkbox"/> Hearing from friends and family | <input type="checkbox"/> Contacting healthcare professionals |

How often do you think you will call your voicemail number to collect your messages?

(Please tick only one)

- Twice a day Daily Every few days

You are welcome to use your voicemail number for up to three months. At the end of three months, you will be asked to renew your contract if you wish to keep your number. Please choose the duration you would like to have the voicemail number for.

- One month Two months Three months

Please take a few minutes to think about what people you can give your new voicemail number to. The more people who have your number, the more people who are likely to call you! This information will NOT be stored in our database.

Accommodation	Employment / Education	Government / Healthcare	Personal
Street Outreach Worker	Potential Employer	Benefits Agency	Friend
Day Centre	Employment Agency	Home Office	Family
Resettlement Worker	CV	Legal Services	Other
Housing Association	Job Applications	GP / Dentist	
Hostel or Private Landlord	Education/Training Provider	Substance Use/Mental Health Worker	
Tenancy Sustainment Worker	Business Marketing Material	Drug Rehabilitation Centre	

- ❖ I give St Mungo's permission to store the above information for the purpose of registering & renewing voicemail numbers and for monitoring & statistical purposes
- ❖ Only Partner Project staff with a log-in will have access to this information
- ❖ My VoiceMail4All number will only be added to CHAIN if I have ticked the box overleaf

I have read and accept the Terms and Conditions

Signature: _____ Date: _____